

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-009680

FILING DATE

APPLICANT(S)

CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14	/					64			
15	/					65			
16	/					66			
17	/					67			
18	/					68			
19	/					69			
20	/					70			
21	/					71			
22	/					72			
23	/					73			
24	/					74			
25	/					75			
26	/					76			
27	/					77			
28	/					78			
29	/					79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	21					TOTAL IND.			
TOTAL DEP.	14	↓		↓	↓	TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	16	RECORDED	SEARCHED	EXAMINED	MAILED	TOTAL CLAIMS	RECORDED	SEARCHED	EXAMINED